Authorization Agreement for Pre-Authorized Debits

Name	Account Number
Service Address	
	North Carolina, hereinafter called COUNTY, to initiate debit entries or my (our) <i>Checking</i> : <i>Savings</i> : indicated below and the financial ne to such account.
Financial Institution	
I (we) understand the amount of the debamount. This authority is to remain in for	EASE ATTACH A VOIDED CHECK bit entry, or credit correction, may vary based upon the current billing all force and effect until COUNTY has received written notification from such time and in such manner as to afford COUNTY a reasonable
Print Name(s)	_
Signature	 Date

PLEASE NOTE: It takes one to two full billing cycles to take effect. You need to pay the next bill

